

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, CA 95814



December 2, 1988

ALL COUNTY LETTER NO. 88- 151

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: APPLICATION FOR PUBLIC ASSISTANCE CA 1 (9/88)

REFERENCE: ALL COUNTY INFORMATION NOTICE I-78-87, DATED  
SEPTEMBER 8, 1987 AND ALL COUNTY LETTER 88-57, DATED JUNE 9, 1988

The purpose of this letter is to transmit a camera ready copy of the new Application for Public Assistance CA 1 (9/88) and to update you on the results of the CA 1 Pilot Project.

BACKGROUND

The CA 1 Pilot Project was undertaken in response to concerns expressed by counties which experienced a large volume of ineligible immediate need requests. It also was begun due to concerns welfare rights organizations had for counties' expeditious handling of immediate need situations.

A new form, TEMP CA 1 (7/87), was developed with the objectives of clear and correct responses regarding immediate need requests and to help counties assess immediate need emergency situations. The TEMP CA 1 (7/87) was piloted in the following eight counties: Alameda, Amador, Humboldt, Kings, Los Angeles, Nevada, Placer and San Bernardino.

The test began on August 1, 1987, and ended January 1, 1988. The study found that the form had negligible impact on the reduction of ineligible immediate need requests. However, both county staff and clients were impressed with the form's simplicity, readability, and ease of completion. The new revision was made possible with the assistance from members of the CWDA Forms Sub-Committee and participating county staff from the pilot counties, as well as input from welfare rights organizations.

The form was originally slated for statewide implementation in July, 1988. However, the preliminary injunction issued by the Superior Court of the County of Sacramento on February 4, 1982, in the Welfare Recipient's League (WRL) v. Woods court case changed the definition of Immediate Need to the pre-1978 regulation at EAS 40-129.1. It was later upheld by the State Court of Appeal on January 29, 1988 and made effective April 21, 1988. Therefore, the new CA 1 needed to be revised prior to statewide implementation (see ACL 88-57, 6-9-88). The WRL definition of

immediate need is currently stated on the TEMP 1744, Important Notice, which is now given to applicants at application. Counties may eliminate use of the WRL TEMP 1744, Important Notice handout, when the 9/88 version of the CA 1 is implemented.

#### FORM CHANGES

A list of the changes made to the 11/85 version of the CA 1 is attached. Changes made to the TEMP CA 1 (7/87) due to the WRL v. Woods court injunction are also listed (see question #5). Counties are advised to be conservative when reproducing or ordering stock since WRL negotiations are not yet finalized. Therefore, some changes may be necessary after negotiations are final.

#### STOCK

Supplies of the English CA 1 (9/88) version are expected to be available in the DSS Warehouse by mid-January 1989. The Spanish version of the CA 1 will be stocked and available shortly after that date. You will be notified via the Notice of Forms Change (GEN 127) when stock is available. Orders for the English and Spanish versions of the CA 1 (9/88) should be submitted on the GEN 727B, County Forms Order, according to normal procedures.

#### TRANSLATIONS


Camera ready copies of the Spanish, Cambodian, Chinese, Lao and Vietnamese translations will follow under separate cover. The Asian translations will not be stocked in the DSS Warehouse.

#### IMPLEMENTATION

Counties which print their own supplies of the CA 1 may begin use of the 9/88 version immediately. A reproducible copy is attached.

Counties may continue to use existing supplies of the CA 1 (11/85) or the TEMP CA 1 (7/87) until January 31, 1989, or until supplies are exhausted whichever occurs first. After February 1, 1989, all counties must be using the 9/88 version of the CA 1.

If you have any questions regarding the CA 1 (9/88), please contact Le Anne Torres of the AFDC and Food Stamp Policy Implementation Bureau at (916) 324-2016 or ATSS 454-2016.

  
ROBERT A. HOREL  
Deputy Director

Enclosure

cc: CWDA

## CA 1 LIST OF CHANGES

### FRONT PAGE

1. Added the client informing statement, "You have the right to fill out this form yourself or have someone help you at your request."
2. Added a "County Use Only" section to incorporate elements from the back page, allow comment space for workers and assist in the procedural processing of an application for aid.
3. Question 1
  - o Reformatted the address section for clarity.
  - o Added a question, "Is your Address Permanent?"
4. Question 2
  - o Reformatted the request for aid section and stacked questions to align the check boxes.
  - o Deleted the "EA/Specify" check box.
5. Question 3
  - o Reformatted this section for clarity.
6. Question 4
  - o Added a check box for "Elder Abuse."
  - o Separated "Child Abuse" and "Spousal Abuse" into two check boxes.
7. Question 5
  - o Reformatted the Immediate Need (IN) section for clarity and readability.
  - o Added the IN definition as outlined in the preliminary injunction in the Welfare Rights League (WRL) v. Woods court case.
  - o Added the statement, "You can get an IMMEDIATE NEED payment of up to \$100, if:"
  - o Added the statement: "You must be apparently eligible for Aid to Families with Dependent Children (AFDC)."
  - o Added the statement, "You may ask for an Immediate Need payment at any time before you get Cash Aid even if you asked for it before and were denied."

BACK PAGE

1. The narrative language was simplified for easier reading and comprehension by the client.
2. Application Processing Time - Added "medical assistance within 45 days (60 days if blind or disabled)."
3. Immediate Need - Moved this section to the front page. It now complies with the preliminary injunction in the WRL v. Woods court case.
4. County Use Only section - Deleted all notations to allow blank space for workers.

**APPLICATION FOR PUBLIC ASSISTANCE**

You have the right to fill out this form yourself or have someone help you at your request.

**COUNTY USE ONLY**

COUNTY OF APPLICATION

1. NAME (Person requesting assistance) (FIRST, MIDDLE INITIAL, LAST) ADDRESS (Street, Apartment) CITY ZIP CODE COUNTY OF RESIDENCE		MAIDEN NAME (IF APPLICABLE) IS YOUR ADDRESS PERMANENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO HOME SOCIAL SECURITY NUMBER TELEPHONE ( )	DATE APPLICATION RECEIVED:  HA: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CA 42
2. Are you applying for cash aid? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you applying for Food Stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you applying for medical assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you applying for any other program? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", specify:		Bills owed: \$  Current resources/income: \$  Disposition of IN Request <input type="checkbox"/> Denied and NOA provided <input type="checkbox"/> Approved <input type="checkbox"/> Cash aid approved	
3. Have you or your family ever applied for or received aid anywhere? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", specify under what name, where, when and type(s) of aid:			
4. Do you have a personal emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", specify: <input type="checkbox"/> Medical <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other (Explain):		Referral  Date:	
5. FOR CASH APPLICANTS ONLY: a. Do you have shelter or utility bills which are due? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain: _____ b. Do you need food, clothing, medical care, or other items which you can't put off? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", explain: _____ c. Do you have any money? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how much? \$ <input type="checkbox"/> Cash <input type="checkbox"/> Checking/savings or credit union account <input type="checkbox"/> Other (Specify): _____ d. Did you get or will you get money or other income this month? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how much? \$ _____ When? _____ Source: _____ • You can get an Immediate Need payment of up to \$100, if you do not have enough income and resources to pay for your needs while we work on your application. These needs can be for: — Food   — Utility bills which are due   — Rent or mortgage payments which are due — Clothing   — Medical Care   — Other expenses for basic needs which can't be put off • You must be apparently eligible for Aid to Families with Dependent Children (AFDC). e. Do you want an Immediate Need payment? <input type="checkbox"/> YES <input type="checkbox"/> NO You may ask for an Immediate Need payment at any time before you get Cash Aid even if you asked for it before and were denied.			
6. The law requires the collection of information on ethnic origin and primary language. This will not affect your eligibility for aid. If you do not complete this, the county will decide. a. Ethnic Group. <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not of Hispanic origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian/Alaskan Native b. Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino (Tagalog) <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify): _____		Ethnic Origin: Wh H B AP AI F 1 2 3 4 5 7  Primary Language: Sp Ch J K F O E V 1 2 3 4 5 6 7 8	
<b>CERTIFICATION AND PERJURY STATEMENT</b> • I understand and agree that I have to comply with all eligibility requirements, some of which I may be asked to do before the county issues an Immediate Need payment, such as: registering for work, furnishing social security numbers, applying for and accepting any income which may be available to me, cooperating with the district attorney regarding child and spousal support, etc. Also, I understand that the statements I have made on this form are subject to investigation and verification. • I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true and correct.			
SIGNATURE (Or Mark) OF APPLICANT		DATE SIGNED	CASE NAME
SIGNATURE OF WITNESS TO MARK (Interpreter or Person completing form for Applicant)		DATE SIGNED	CASE NUMBER
<b>READ THE IMPORTANT INFORMATION ON THE BACK OF THIS FORM</b>			

## IMPORTANT INFORMATION FOR APPLICANTS OF PUBLIC ASSISTANCE PROGRAMS

Please read the information below. If you have any questions, ask a worker.

### APPLICATION PROCESSING TIME

The county welfare department must approve or deny your cash aid within 45 days, Food Stamps within 30 days, or medical assistance within 45 days (60 days if blind or disabled).

### DOCUMENTATION

You must give proof and facts when the county asks for them (for example: birth certificates, bank books, car registration, paystubs, documents showing ownership of land, home, etc.). If you do not help, your aid may be delayed or denied.

### WORK REQUIREMENTS

To get cash aid or Food Stamps you must follow the county's work requirements. Your eligibility worker will tell you how. You may have to take part in work, training or educational activities. If you refuse, you may not get aid. In some cases, if you refuse everyone will be denied aid.

### ELIGIBILITY FOR OTHER INCOME

All applicants for cash aid or medical assistance must apply for and accept any income they can get, such as: Unemployment or Disability benefits, Veterans benefits, Social Security benefits, etc.

### MEDI-CAL COVERAGE FOR CASH AID APPLICANTS

If your cash aid is approved, you may get medical coverage through the "Medi-Cal" program. Ask your worker.

### REVIEW OF PUBLIC ASSISTANCE CASES

Government workers sometimes look at cases to see if your eligibility for aid and the grant you get are right. If your case is looked at, you will be told and you must cooperate. You may have to give them facts and papers (for example: bank books, paystubs, birth certificates, etc.).

### SOCIAL SECURITY NUMBER

Everyone must apply for or tell us their Social Security Number to get aid (Social Security Act, Section 402(a)(25)). The number will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. Also, it will be used to computer match benefit and income information from the Social Security Administration, tax, welfare and employment agencies.

### RESOLVING DISPUTES AND COMPLAINTS

If you think any action is wrong, you should try to solve it with the county welfare department. If you cannot, you may file a complaint or ask for a State Hearing.

To file a complaint, you may call, write or go to one of the following offices:

Los Angeles  
107 South Broadway, 90012  
Phone (213) 620-4385

Sacramento  
744 P Street, 95814  
Phone (916) 322-2400

To talk with someone in Sacramento, you may also call the following toll free numbers: 1-(800) 952-5253 or for the deaf with TDD 1-(800) 952-8349. You will not have to pay for the call.

For a State Hearing mail your written request to the welfare department in your county.

You must ask for a hearing and tell why you want one. A hearing request must get to the county within 90 days of the action.

COUNTY USE ONLY